

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>4/4/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		
FORMALITY REVIEW	<i>[Signature]</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
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POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SJA		5-18-00
O.I.P.E. CLASSIFIER			5-27
FORMALITY REVIEW		59383	8-3-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
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 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
151	✓	11 06 03	
152	✓	03 05 24	
153	✓	00 02 03	
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